

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21633

FILED JUL 13 1944

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

97

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
918 South main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 32 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Joseph Greenway
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Rosa 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased April 14 1854 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 1 20 hr. min.

9. Birthplace Warwick Co Del (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Don't know
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Clinton Greenway

(b) Address Clinton Mo
17. (a) Buried (b) Date thereof 6-6-44 (month) (Day) (Year)

(c) Place: burial or cremation Landon Cem

18. (a) Signature of funeral director Consuelo Pich

(b) Address Clinton Mo

19. (a) June 6, 1944 (b) Georgia Kitchen (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton Mo (If outside city or town limits, write "RURAL")
(d) Street No. 918 South main (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 4
year 1944 hour 11 minute 30 A M

21. I hereby certify that I attended the deceased from 4-19 1941 to 6-3 1944
that I last saw him alive on 6-3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 4 days
Due to Hypertensive heart disease 3 years
& decompensation
Due to Chronic interstitial 3 years
Nephritis
Other conditions (Include pregnancy within 3 months of death)
Major findings: 13/a
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Eugene D. Newell (M. D. or other) MD
Address Clinton, Mo Date signed 6/6/44

Embalmer's Statement on Reverse Side

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 6-44-818

Date Filed 7-12-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 1891

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.